

SURVEILLANCE FORM

1. Date:

2. Name of Evaluator:

3. Evaluation Period:

4. PWS Number and Brief Summary of Effort:	
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5a. Observed Discrepancy Summary: Type: ☐ Timeliness ☐ Performance

- ☐ Timeliness

- Performance

5b. IF FOUND, identify location/detail of contractor self-assessment inaccuracy here:

6. Method of Inspection (Check One):

☐ GO ☐ DC ☐ VCC ☐ UI ☐ PI

As Applicable: Lot Size: _____ Sample Size: _____

☐ DC

□ UI

☐ PI

Lot Size:

Sample Size:

☐ No Further Action Required
 ☐ Rework Required (Contractor Notified to Rework)
 ☐ Deduct
 ☐ Other: _____

☐ Rework Required (Contractor Notified to Rework)

☐ Other:

Location of Observation (If Applicable):
 Building/Room: _____ Other: _____ ☐ Check here if additional information is attached.

Did discrepancies result in MADR being exceeded? ☐ Yes ☐ No

Calculation of MADR Exceedance: _____

Additional Information (As Needed):

Building/Room: _____ Other: _____

☐ Check here if additional information is attached.

Did discrepancies result in MADR being exceeded? ☐ Yes ☐ No

Calculation of MADR Exceedance:

Additional Information (As Needed):

MADR: _____ Weight: _____ Deduct %: _____

MADR: Weight: Deduct %:

10. Signature of Evaluator:

Date:

11. Signature of Quality Assurance Evaluator or Representative:

Date: